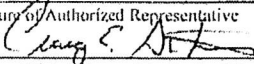
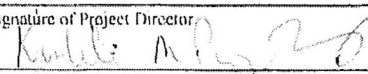


**STATE OF ALASKA**  
**AMENDMENT TO PROFESSIONAL SERVICES CONTRACT**

1. Agency Contract Number 060706
2. ASPS Number 2007-0600-6640
3. Optional Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Years remaining _____
4. Financial Coding
5. Agency Assigned Encumbrance Number 0682242
6. Amendment Number Six (6)

This agreement is between the State of Alaska.		
7. Department of Health and Social Services Health and Social Services/ Health Care Services		
hereafter the State, and		
8. Contractor Xerox State Healthcare, LLC		
hereafter the Contractor		
Mailing Address	Street or P.O. Box	City State ZIP Code
9040 Roswell Road, Suite 700		Atlanta Georgia 30350
9. Original period of performance FROM: October 1, 2007 TO: September 30, 2017		10. Amended period of performance FROM: October 1, 2007 TO: September 30, 2017
11. Previous amount of contract to date: \$ 145,943,702.23	12. Amount of this amendment: \$273,170.04	13. This amended contract shall not exceed a total of: \$ 146,216,872.27
<p>14. In accordance with the provisions of the above referenced contract, the parties to that contract agree that the services to be performed by the contractor under the contract are amended as follows: All other terms and conditions of the contract remain in effect.</p> <p>This amendment is to amend MMIS DDI appendix F.</p> <p>In full consideration of the Contractor's performance under and including this amendment, the State shall pay the Contractor a new total not to exceed <b>\$146,216,872.27</b></p> <p>IN WITNESS WHEREOF the parties hereto have executed this amendment.</p> <p>NOTICE! This amendment has no effect until signed by the head of the contracting agency, project director and head contracting agency or designee.</p>		
15. CONTRACTOR		17. CERTIFICATION:
Name of Firm Xerox State Healthcare, LLC		I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-.820. Other disciplinary action may be taken up to and including dismissal.
Signature of Authorized Representative 		
Date 11/7/12		
Typed or Printed Name of Authorized Representative Craig E. Steffen		
Title Sr. Vice President & Managing Director		
16. CONTRACTING AGENCY		Signature of Head Contracting Agency or Designee
Department/Division Health & Social Services / Health Care Services		Date 10/15/12
Signature of Project Director 		Typed or Printed Name of Authorizing Official Darla Madden
Date 11/8/12		
Typed or Printed Name of Project Director Kimberli Poppe-Smart		
Title Project Director		Title Chief, Grants and Contracts

**APPENDIX F  
PAYMENT PROVISIONS**

Payment for services provided under this amendment shall not exceed **\$273,170.04**

All terms, conditions, amendments, and conditions of the original contract remain in effect.

**Lease Variance:** \$9,528.34 per month from October 1, 2012 through March 31, 2013 with six (6) one month optional renewals to be exercised at the State's sole discretion.

**Edifecs ICD-10 Impact Analytic and Code Management Solution:** From August 1, 2012 through July 31, 2013 with two (2) optional renewals years for Maintenance and Code Set Update for the continuation of the Edifecs software to be exercised at the State's sole discretion.

Annual Code Set Update Management Fee: \$40,000.00

Annual Maintenance: \$176,000.00

The contractor shall submit invoices and attachments to the address specified below no later than 30 days after the end of each month in which services were performed. Failure to include the required information on the invoice may cause an unavoidable delay to the payment process.

Each invoice must include:

- Contractor's name and contact information for questions regarding the invoice
- Contract number
- Date (s) of services performed

Contractor shall mail the original invoice and attachments:

Department of Health and Social Services  
FMS/Grants and Contracts Support Team  
Procurement Section  
Attn: Lois Blastick  
3601 C Street, Suite 578  
Anchorage, AK 99503

Notwithstanding any other provision of this contract, it is understood and agreed that the State shall withhold payment at any time the contractor fails to perform work as required under Appendix F and /or G of this contract.